

TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: November 13, 2007

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage . These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

2008 Prescription Advantage Plan Changes

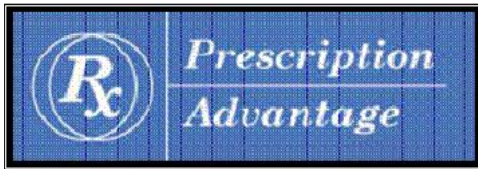
Attached are letters that will be sent to Prescription Advantage members that list what the member's Prescription Advantage benefits will be as of January 1, 2008. These benefits are based on the member's current membership category and the most recent information we have received from Medicare.

In addition to the letter, Prescription Advantage is sending Medicare eligible members a list of all stand-alone Part D plans that indicates what the member's premium cost would be for each plan. This premium information is specific to the member's benefit category within Prescription Advantage. Medicare Advantage plans (MAPD) are not included on this list and members are instructed to contact their plan for premium information.

Each member will receive one of five (5) different letters being mailed. The letters are designed to address each member's specific prescription drug plan situation. A sample of each letter is attached. Also included with this bulletin are the category specific Part D plan lists. The five (5) letters include:

- Plan change letter to members with stand-alone Part D plans
- Plan change letter to members of MAPD's
- Plan change letter to members with Creditable Coverage
- Plan change letter to non-Medicare members
- Plan change letter to members whose Part D plan cannot be determined.

Members will begin to receive letters during the week of November 12, 2007.



November 2007

<Member ID #>

<Member's Name>
<Authorized Rep's Name>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip Code>

Dear <First Name><Last Name>:

This letter provides information about your 2008 Prescription Advantage benefits and Medicare Drug Plan options. If you believe this information is not correct, please contact Prescription Advantage Customer Service at the number listed at the end of this letter.

The chart below lists your Prescription Advantage benefits as of January 1, 2008. These benefits are based on your current membership category and the most recent information we have received from Medicare. If you change your Medicare Part D plan, or your membership category or level of Extra Help changes, your benefits may change as well.

Current Membership Category: **S2**
Current Medicare Part D Plan: **<Part D Plan>**
Current Level of Extra Help: **None**

With Prescription Advantage You Will Pay...	
Monthly Medicare Drug Plan Premium (for the drug plan listed above)	<ul style="list-style-type: none">• <\$Member premium amount> <p>Note: this is the amount you are required to pay to your Medicare drug plan after your Prescription Advantage benefit is applied.</p>
Co-payments	<ul style="list-style-type: none">• No more than \$7 for generic drugs covered by your Medicare drug plan.• No more than \$18 for brand name drugs covered by your Medicare drug plan.
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">• \$0 for prescription drugs covered by your Medicare drug plan once your total spending for co-payments reaches \$1,535.

In addition, Prescription Advantage will pay for benzodiazepines, a class of prescription drugs not covered by most Medicare drug plans.

Medicare will have an Open Enrollment from November 15, 2007 through December 31, 2007. If you wish to change your Medicare Part D drug plan for 2008, you may do so at that time. The enclosed 2008 Medicare Drug Plan Guide provides information about your 2008 plan options based on your current membership category. If you need help selecting a Medicare drug plan, please go to the "Helpful Resources" section of this mailing for a list of organizations that can assist you.

Important Notes:

- ◆ If Prescription Advantage is paying a portion of your Medicare drug plan's monthly premium, do not have your premium automatically deducted from your Social Security check. Prescription Advantage makes payments directly to your Medicare drug plan.
- ◆ If you enroll in an Enhanced Medicare drug plan or a Basic Medicare drug plan that costs more than \$29.17, you will be responsible for paying a portion of the premium.
- ◆ Prescription Advantage will not pay any penalty amounts that may be applied to Medicare Part D premiums for members that did not enroll in a plan when they were first eligible.
- ◆ Members of Prescription Advantage are entitled to a Special Election Period that allows you to join or switch your Medicare drug plan outside of Medicare's open enrollment period. If you use this Special Election Period, you will need to submit proof that you are a member of Prescription Advantage to the Medicare drug plan you've chosen. **You may use a copy of this letter as proof that you are a member of Prescription Advantage, Massachusetts' state pharmacy assistance program (SPAP).**

If you have questions regarding your Prescription Advantage benefit, please contact Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

HELPFUL RESOURCES

There are organizations available to help you compare Medicare drug plans and to answer questions that you may have about your drug coverage.

- ❖ **SHINE** - (Serving the Health Information Needs of Elders) – Individual health insurance counseling available to all Medicare beneficiaries.
1-800-AGE-INFO (1-800-243-4636), press 2 or
TTY (toll free) 1-800-872-0166
www.mass.gov/elders
- ❖ **MassMedLine** - A resource for prescription drug information and assistance. Pharmacists are available to assist you.
1-866-633-1617
TTY/TDD users should ask the operator to call the MassMedLine toll-free number
www.massmedline.com
- ❖ **Medicare** - For general assistance with the Medicare Part D benefits and the Medicare drug plans. Please look for the *Medicare and You* handbook that was sent to you in October. Contact Medicare if you did not receive it.
1-800-MEDICARE
TTY (toll free) 1-877-486-2048
www.medicare.gov



November 2007

<Member ID #>

<Member's Name>

<Authorized Rep's Name>

<Street Address 1>

<Street Address 2>

<City>, <State> <Zip Code>

Dear <First Name><Last Name>:

This letter provides information about your 2008 Prescription Advantage benefits and Medicare Drug Plan options. If you believe this information is not correct, please contact Prescription Advantage Customer Service at the number listed at the end of this letter.

The chart below lists your Prescription Advantage benefits as of January 1, 2008. These benefits are based on your current membership category and the most recent information we have received from Medicare. If you change your Medicare Part D plan, or your membership category or level of Extra Help changes, your benefits may change as well.

Current Membership Category:	S2
Current Medicare Part D Plan:	<MAPD Plan>
Current Level of Extra Help:	None

With Prescription Advantage You Will Pay...	
Monthly Medicare Drug Plan Premium	<ul style="list-style-type: none">• \$0 for Basic Medicare drug coverage that has a monthly premium of \$29.17 or less.• If you select a plan with Basic Medicare drug coverage with a monthly premium that is higher than \$29.17 or enroll in a plan with Enhanced Medicare drug coverage, you will pay the difference.
Co-payments	<ul style="list-style-type: none">• No more than \$7 for generic drugs covered by your Medicare drug plan.• No more than \$18 for brand name drugs covered by your Medicare drug plan.
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">• \$0 for prescription drugs covered by your Medicare drug plan once your total spending for co-payments reaches \$1,535.

In addition, Prescription Advantage will pay for benzodiazepines, a class of prescription drugs not covered by most Medicare drug plans.

The enclosed 2008 Medicare Drug Plan Guide provides information about the 2008 Medicare drug plan options based on your current membership category. However, this guide does not include Medicare Advantage Plans. You should contact your plan directly for more information about your drug premium.

Medicare will have an Open Enrollment from November 15, 2007 through December 31, 2007. Because you are in a Medicare Advantage Plan, changing your drug plan could affect your health benefits. If you want more information about changing your prescription drug coverage, refer to the "Helpful Resources" section of this mailing for a list of organizations that can assist you.

Important Notes:

- ◆ If Prescription Advantage is paying a portion of your Medicare drug plan's monthly premium, do not have your premium automatically deducted from your Social Security check. Prescription Advantage makes payments directly to your Medicare drug plan.
- ◆ Prescription Advantage will not pay any penalty amounts that may be applied to Medicare Part D premiums for members that did not enroll in a plan when they were first eligible.
- ◆ Members of Prescription Advantage are entitled to a Special Election Period that allows you to join or switch your Medicare drug plan outside of Medicare's open enrollment period. If you use this Special Election Period, you will need to submit proof that you are a member of Prescription Advantage to the Medicare drug plan you've chosen. **You may use a copy of this letter as proof that you are a member of Prescription Advantage, Massachusetts' state pharmacy assistance program (SPAP).**

If you have questions regarding your Prescription Advantage benefit, please contact Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

HELPFUL RESOURCES

There are organizations available to help you compare Medicare drug plans and to answer questions that you may have about your drug coverage.

- ❖ **SHINE** - (Serving the Health Information Needs of Elders) – Individual health insurance counseling available to all Medicare beneficiaries.
1-800-AGE-INFO (1-800-243-4636), press 2 or
TTY (toll free) 1-800-872-0166
www.mass.gov/elders
- ❖ **MassMedLine** - A resource for prescription drug information and assistance. Pharmacists are available to assist you.
1-866-633-1617
TTY/TDD users should ask the operator to call the MassMedLine toll -free number
www.massmedline.com
- ❖ **Medicare** - For general assistance with the Medicare Part D benefits and the Medicare drug plans. Please look for the *Medicare and You* handbook that was sent to you in October. Contact Medicare if you did not receive it.
1-800-MEDICARE
TTY (toll free) 1-877-486-2048
www.medicare.gov



November 2007

<Member ID #>

<Member's Name>

<Authorized Rep's Name>

<Street Address 1>

<Street Address 2>

<City>, <State> <Zip Code>

Dear <First Name><Last Name>:

This letter provides information about your 2008 Prescription Advantage benefits and Medicare Drug Plan options. If you believe this information is not correct, please contact Prescription Advantage Customer Service at the number listed at the end of this letter.

The chart below lists your Prescription Advantage benefits as of January 1, 2008. These benefits are based on your current membership category and the most recent information we have received from Medicare. **You are enrolled in a drug plan provided by your employer or union.** If you change your current prescription drug plan, or your membership category or level of Extra Help changes, your benefits may change as well.

Current Membership Category:	S2
Current Medicare Part D Plan:	<Creditable Coverage Plan>
Current level of Extra Help:	None

With Prescription Advantage You Will Pay...	
Co-payments	<ul style="list-style-type: none">• No more than \$7 for generic drugs covered by your prescription drug plan.• No more than \$18 for brand name drugs covered by your prescription drug plan.
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">• \$0 for prescription drugs covered by your prescription drug plan once your total spending for co-payments reaches \$1,535.

In addition, Prescription Advantage will pay for benzodiazepines, a class of prescription drugs not covered by most Medicare drug plans.

Medicare will have an Open Enrollment from November 15, 2007 through December 31, 2007. The enclosed 2008 Medicare Drug Plan Guide provides information about the 2008 Medicare drug plan options for members without creditable coverage. If you no longer have creditable coverage and need help selecting a Medicare drug plan, please go to the "Helpful Resources" section of this mailing for a list of organizations that can assist you.

Important Notes:

- ◆ Please contact your creditable coverage plan administrator for more information regarding your 2008 drug plan benefits.
- ◆ Members with creditable coverage do not receive monthly premium assistance from Prescription Advantage.
- ◆ Prescription Advantage will not pay any penalty amounts that may be applied to Medicare Part D premiums for members that did not have creditable coverage or enroll in a Medicare drug plan when they were first eligible.

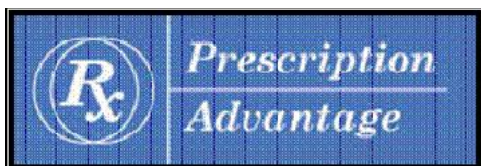
If you have questions regarding your Prescription Advantage benefit, please contact Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

HELPFUL RESOURCES

There are organizations available to help you compare Medicare drug plans and to answer questions that you may have about your drug coverage.

- ❖ **SHINE** - (Serving the Health Information Needs of Elders) – Individual health insurance counseling available to all Medicare beneficiaries.
1-800-AGE-INFO (1-800-243-4636), press 2 or
TTY (toll free) 1-800-872-0166
www.mass.gov/elders
- ❖ **MassMedLine** - A resource for prescription drug information and assistance. Pharmacists are available to assist you.
1-866-633-1617
TTY/TDD users should ask the operator to call the MassMedLine toll -free number
www.massmedline.com
- ❖ **Medicare** - For general assistance with the Medicare Part D benefits and the Medicare drug plans. Please look for the *Medicare and You* handbook that was sent to you in October. Contact Medicare if you did not receive it.
1-800-MEDICARE
TTY (toll free) 1-877-486-2048
www.medicare.gov



November 2007

Dear Prescription Advantage Member:

The new Prescription Advantage plan year begins on January 1, 2008. This letter explains your 2008 Prescription Advantage benefits.

Prescription Advantage regularly reviews rates paid by members toward premiums, deductibles, and co-payments. Rates are based on gross annual household income and are adjusted as necessary to meet the needs of the Plan and its members.

The following chart explains what your rates will be as of January 1, 2008 based on your membership category. You are currently enrolled in **Membership Category 2**. Please note: Prescription Advantage is currently performing a Re-determination of its membership. This Re-determination could result in a change to your benefits. You will be notified in writing of any changes that may apply to you.

With Prescription Advantage, you will pay...	
Monthly Premium	\$ 0
Quarterly Deductible	\$ 0
Co-Payments - 30-day supply purchased at a retail pharmacy	
Level 1 - Generic Drugs	\$ 7
Level 2 - Brand Name Drugs	\$ 18
Level 3 - Additional Brand Name Drugs	\$ 40
Co-Payments - 90-day supply purchased through mail service.	
Level 1 - Generic Drugs	\$ 14
Level 2 - Brand Name Drugs	\$ 36
Level 3 - Additional Brand Name Drugs	\$ 80
Annual Out-of-Pocket Spending Limit*	\$ 1,380
<p>*Once the total spending for co-payments reaches \$1,380, you will not be required to pay anything toward your prescription drugs. Prescription Advantage will cover any co - payments for the remainder of the Plan year for all drugs covered by Prescription Advantage. The Plan year runs from January 1, 2008 through December 31, 2008.</p> <p>If the out-of-pocket spending limit creates a financial hardship for you, you may request Reconsideration by completing the enclosed form.</p>	

Your are responsible for reporting any changes to th e information provided in your application, such as address changes, income changes, or Medicare status, to Prescription Advantage. Failure to do so may result in termination of your benefits.

If you have any questions, please call Prescription Advantage Customer Services at 1-800-AGE-INFO (1-800-243-4636) or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

Reconsideration of Out-of-Pocket Spending Limit

Upon receipt of this form, Prescription Advantage will review your request. A decision will be made regarding your request within 15 business days of receipt. Please complete all required information and sign where indicated.

“Meeting the \$1,380 annual out-of-pocket spending limit creates a financial hardship for me because...” Please check one of the reasons listed below.

☐

I earn no income and receive financial support from another source.

☐

Other *(Please explain why this annual out-of-pocket spending limit would create a financial hardship for you in the space provided below, or use a separate sheet of paper, if necessary. Include any documentation that would support your claim and be sure to include your signature on the line indicated.)*

X

Date:

Signature of member (or Authorized Representative if the member is unable to sign)

If you selected **“I earn no income”**, please provide the name and address of the person who provides your financial support.

Name _____

Address _____

City, State, Zip _____

If you are the person financially responsible for the member, please read the following and sign where indicated.

I hereby certify, under the pains and penalties of perjury, that I am financially responsible for the member submitting this form and will provide any documentation to Prescription Advantage that may be requested to substantiate this claim.

X

Date:

Signature individual providing financial support for the member



November 2007

<Member ID #>

<Member's Name>

<Authorized Rep's Name>

<Street Address 1>

<Street Address 2>

<City>, <State> <Zip Code>

Dear <First Name><Last Name>:

This letter provides information about your Prescription Advantage co-payment amounts and your out-of-pocket spending limit as of January 1, 2008. At this time, we cannot provide your 2008 Medicare prescription drug plan (Part D) premium costs because we do not have confirmation of your current enrollment in a Medicare Part D plan.

Below is the information Prescription Advantage has on file for you at this time.

Current Membership Category:	S2
Current Medicare Part D Plan:	Unconfirmed
Current Level of Extra Help:	None

The following chart lists your Prescription Advantage benefits as of January 1, 2008.

With Prescription Advantage You Will Pay...	
Monthly Medicare Drug Plan Premium	<ul style="list-style-type: none">• Unable to provide without confirmation of Medicare Part D plan
Co-payments	<ul style="list-style-type: none">• No more than \$7 for generic drugs covered by your Medicare drug plan.• No more than \$18 for brand name drugs covered by your Medicare drug plan.
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">• \$0 for prescription drugs covered by your Medicare drug plan once your total spending for co-payments reaches \$1,535.

In addition, Prescription Advantage will pay for benzodiazepines, a class of prescription drugs not covered by most Medicare drug plans.

If the information above is incorrect and you are enrolled in a Medicare Part D plan or receive creditable coverage (coverage that is equal to or better than Medicare prescription drug coverage, such as an employer sponsored or union creditable coverage plan) please

send a copy of your plan identification card to:

Prescription Advantage
P.O. Box 15153
Worcester, MA 01615-0153

Medicare will have an Open Enrollment from November 15, 2007 through December 31, 2007. If you wish to change your Medicare Part D drug plan for 2008, you may do so at that time. The enclosed 2008 Medicare Drug Plan Guide provides information about your 2008 plan options based on your current membership category. If you need help selecting a Medicare drug plan, please go to the “Helpful Resources” section of this mailing for a list of organizations that can assist you.

Important Notes:

- ◆ If Prescription Advantage is paying a portion of your Medicare drug plan’s monthly premium, do not have your premium automatically deducted from your Social Security check. Prescription Advantage makes payments directly to your Medicare drug plan.
- ◆ If you enroll in an Enhanced Medicare drug plan or a Basic Medicare drug plan that costs more than \$29.17, you will be responsible for paying a portion of the premium.
- ◆ Prescription Advantage will not pay any penalty amounts that may be applied to Medicare Part D premiums for members that did not enroll in a plan when they were first eligible.
- ◆ Members of Prescription Advantage are entitled to a Special Election Period, allowing them to join or switch their Medicare drug plan outside of a Medicare open enrollment period. Should you choose to utilize this Special Election Period, you will need to submit proof that you are a member of Prescription Advantage to the Medicare drug plan you’ve chosen. **You may use a copy of this letter as proof that you are a member of Prescription Advantage, Massachusetts’ state pharmacy assistance program (SPAP).**

For questions or more information, please contact Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

HELPFUL RESOURCES

There are organizations available to help you compare Medicare drug plans and to answer questions that you may have about your drug coverage.

- ❖ SHINE - (Serving the Health Information Needs of Elders) – Individual health insurance counseling available to all Medicare beneficiaries.
1-800-AGE-INFO (1-800-243-4636), press 2 or
TTY (toll free) 1-800-872-0166
www.mass.gov/elders
- ❖ MassMedLine - A resource for prescription drug information and assistance. Pharmacists are available to assist you.
1-866-633-1617
TTY/TDD users should ask the operator to call the MassMedLine toll -free number
www.massmedline.com
- ❖ Medicare - For general assistance with the Medicare Part D benefits and the Medicare drug plans. Please look for the *Medicare and You* handbook that was sent to you in October. Contact Medicare if you did not receive it.
1-800-MEDICARE
TTY (toll free) 1-877-486-2048
www.medicare.gov